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SECRETARY OF SIAGOIVISION OF COSPORATION



Registration Section TO: Division of Corporations

**SUBJECT:** GREAT WHITE, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM L. TOWNSEND, JR. WALTON & TOWNSEND, P.A. P.O. BOX 250 PALATKA, FL 32178

For further information concerning this matter, please call:

WILLIAM L. TOWNSEND, JR. at (386) 328-9676

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00

Filing Fee &

Certificate of Status

\$155.00

Filing Fee &

Certified Copy

(additional copy is enclosed)

\$160.00

Filing Fee,

Certificate of Status

& Certified Copy

(additional copy is enclosed)

#### Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **Street/Courier Address**

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### GREAT WHITE, LLC

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Lab Company is:

Princ	inal	Office	Address:	
1 11110	wat		Liuui coo.	

Mailing Address:

126 William Bartram Drive Georgetown, FL 32139 P. O. Box 1155 Welaka, FL 32193

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

William L. Townsend, Jr. 200 Reid Street, Suite 2 Palatka, Florida 32177

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in **Chapter 608, F.S**.

WILLIAM L. TOWNSEND, JR.

(CONTINUED)

Page 1 of 2

# ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
MGRM	Michael Joe Martin
(Managing Member)	126 William Bartram Drive
	Georgetown, Florida 32139
MGRM	Terri D. Wyatt
(Managing Member)	126 William Bartram Drive
,	Georgetown, Florida 32139

ARTICLE V - Effective date: Date of filing

**REQUIRED SIGNATURE(S):** 

Signature of a member or an authorized representative of a member

MICHAEL JOE MARTIN

(Typed or printed name of signee)

Signature of a member or an authorized representative of a member

TERRI D. WYATT

(Typed or printed name of signee)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)